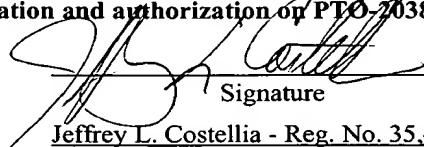




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|---|--|--|
| PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a) | | Docket Number (Optional) 740756-1717 |
| CERTIFICATE OF MAILING OR TRANSMISSION [37 CFR 1.8(a)] | In re Application of Shunpei YAMAZAKI | |
| | Application Number 08/926,592 For LAYER MEMBER FORMING METHOD | Filed 09/04/1997 |
| I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to Mail Stop , Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450, or being facsimile transmitted to the USPTO at _____ on November 14, 2003. Signature:  Name: Pamela L. Patrick | Group Art Unit 2813 Examiner E. Pert | |
| This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application. | | |
| The requested extension and appropriate entity fee are as follows (check time period desired): | | |
| <input checked="" type="checkbox"/> One month (37 CFR 1.17(a)(1)) - (\$55/\$110) <u>\$110.00</u> <input type="checkbox"/> Two months (37 CFR 1.17(a)(2)) - (\$210/\$420) <u>\$</u> <input type="checkbox"/> Three months (37 CFR 1.17(a)(3)) - (\$475/\$950) <u>\$</u> <input type="checkbox"/> Four months (37 CFR 1.17(a)(4)) - (\$740/\$1480) <u>\$</u> <input type="checkbox"/> Five months (37 CFR 1.17(a)(5)) - (\$1005/\$2010) <u>\$</u> | | |
| <input type="checkbox"/> Applicant claims small entity status. <input type="checkbox"/> A check to cover the fee is enclosed. <input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached. <input type="checkbox"/> The Commissioner has already been authorized to charge fees in this application to a Deposit Account. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number <u>19-2380</u> . I have enclosed a duplicate copy of this sheet. | | |
| I am the <input type="checkbox"/> applicant/inventor <input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). <input checked="" type="checkbox"/> attorney or agent of record. <input type="checkbox"/> attorney or agent under 37 CFR 1.34(a). Registration number if acting under 37 CFR 1.34(a) _____. | | |
| WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038. | | |
| <u>November 14, 2003</u> Date | |  Signature <u>Jeffrey L. Costella - Reg. No. 35,483</u> Typed or printed name |
| 11/21/2003 <u>IMEKONEN 00000026 192380 08926592</u> 01 FC:1251 <u>110.00 DA</u> NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below. | | |
| <input type="checkbox"/> Total of _____ forms are submitted. | | |

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